



ILLINOIS

DEPARTMENT OF CENTRAL

MANAGEMENT SERVICES

P.O. Box 19208, Springfield IL 62794-9208

**STATE EMPLOYEES'  
DEFERRED COMPENSATION PLAN****PERMISSIVE CREDITS AUTHORIZATION FORM**Scan forms to: [CMS.Ben.DefComp@illinois.gov](mailto:CMS.Ben.DefComp@illinois.gov)

Fax: 217-782-7640 ~ Office: 217-782-7006

**Please read and complete the following information pertaining to the  
tax free transfer of Section 457 plan assets to an eligible qualified pension plan to purchase permissive service credits.**

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. For more information, call the Deferred Compensation Office at 1-800/442-1300, 1-217/782-7006 or TDD 1-800/526-0844.

Central Management Services requests disclosure of information that is necessary to establish its obligations including the statutory purposes under the Internal Revenue Code Section 457(b). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination of eligibility. Social Security numbers are used to properly identify participants and report withholding information to the IRS as necessary. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.

Last Name	First	Middle Initial	Social Security #	Date of Birth
Street	City	State	Zip Code	
Agency or University		Primary Phone	Secondary Phone	
Work Address		Payroll Code # (5 digits—refer to your pay stub)		

**RETIREMENT SYSTEM TO RECEIVE TRANSFER**

Name of Illinois

Retirement System \_\_\_\_\_

I, \_\_\_\_\_, authorize and certify to the State of Illinois Employees' Deferred Compensation Plan of my intention to purchase creditable service with the named retirement system, covered under the State of Illinois Reciprocal Act. I understand the purchase will occur from my Deferred Compensation contributions from which Federal income taxes have not been paid and the full dollar amount specified by said retirement system of \$\_\_\_\_\_ is required to purchase this service credit. I understand this form must be received by the Deferred Compensation Division no later than the 1st business day of the month of which I am requesting this transfer to occur. Furthermore, I, and not the State of Illinois Employees' Deferred Compensation Plan, assume the responsibility in making this decision and the responsibility of any tax or reporting consequences that may result from this purchase of service credits.

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

**This completed form and a copy of the retirement system purchase agreement should be returned to:**

Department of Central Management Services  
Deferred Compensation Division  
P.O. Box 19208  
Springfield, IL 62794-9208

This information may also be faxed to 217-782-7640.